



Express Mail Label No. \_\_\_\_\_ Dated: \_\_\_\_\_

Docket No.: 09450/000K678-US0  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Letters Patent of:  
Mitsuru Akaike

Patent No.: 6,854,697

Issued: February 15, 2005

For: STOPPER DEVICE AND TELESCOPIC UNIT

*File Copy*

**PETITION (37 CFR 1.183) AND REQUEST FOR CERTIFICATE OF CORRECTION OF  
APPLICANT'S MISTAKE (37 CFR 1.323)**

MS Post Issue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

ATTENTION Office of Petitions

Dear Sir:

The above-identified patent contains an error that arose from an incomplete or erroneous assignee name furnished in item 3 of PTOL-85B. Failure to include the correct assignee name on the PTOL-85B was inadvertent. The error is of a clerical or typographical nature, the correction of which does not constitute new matter or require reexamination.

Applicant respectfully requests that the Commissioner waive the requirements of 37 CFR 3.81 to permit the correct name of the assignee to be provided after issuance of the patent.

Enclosed is:

(1) Copy of the USPTO Assignments on the Web;

(2) Petition fee set forth in 37 CFR 1.17(h) \$130.00;

{W:\09450\000K678000\00377955.DOC [REDACTED]}

05/19/2005 WABDELR3 00000128 040100 6854697  
01 FC:1811 100.00 DP

Adjustment date: 10/31/2005 AKELLEY  
05/19/2005 WABDELR3 00000128 040100 6854697  
02 FC:1462 270.00 CR -130.00 DP  
10/31/2005 AKELLEY 00000006 6854697  
01 FC:1464 130.00 DP

05/19/2005 WABDELR3 00000128 040100 6854697  
02 FC:1462 270.00 DA 130.00 DP

(3) Fee set forth in 37 CFR 1.20(a)\$100.00; and

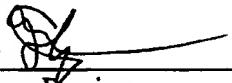
(4) Form PTO/SB/44.

The Commissioner is authorized to charge any deficiency of up to \$300.00 or credit any excess in this fee to Deposit Account No. 04-0100.

Applicant respectfully requests that the petition be granted and that a Certificate of Correction be issued.

Dated: May 16, 2005

Respectfully submitted,

By 

Flynn Garrison

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Attorneys/Agents For Applicant

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>10-28-05</u>	2 Serial/Patent # <u>6,854,697</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
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10 REASON:  <input checked="" type="checkbox"/> Overpayment		No Fee Due (Explanation):  <u>Fee \$130<sup>00</sup>; Paid \$400.<sup>00</sup></u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Derek L. Woods</u>		TITLE: <u>Attorney</u>	
SIGNATURE: <u>Derek Woods</u>		PHONE: <u>2-3232</u>	
OFFICE: <u>Petitions</u>			
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APPROVED: <u>Derek Woods</u>		DATE: <u>10/31/05</u>	

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Crystal Park One, Room 802B